2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 21, 2005 8:00 am **Secretary of State** DOCUMENT # N04000010385 1. Entity Name 03-21-2005 90107 016 ****61.25 ST. PETERSBURG SCHOLARSHIP FOUNDATION, INC. Principal Place of Business Mailing Address 8833 COVENTRY COURT 8833 COVENTRY COURT · 50028835 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 34-2020956 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEERE, DJ Street Address (P.O. Box Number is Not Acceptable) 8833 COVENTRY COURT JACKSONVILLE FL 32257 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change TITLE Delete TITLE Addition STEERE, DJ NAME NAME 8833 COVENTRY COURT STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete STEERE, MARIANNE NAME NAME 8833 COVENTRY COURT STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-7IP CITY-ST-7IP Director _**Z**FDelete ☐ Change **X** MAddition TITLE TITLE BRAENDIE, JOHN NAME NAME Steere, WI 513 ALBERT COURT STREET ADDRESS STREET ADDRESS 8833 Coventry Court ST AUGUSTINE FL 32092 CITY-ST-ZIP CITY - ST - ZIP Jacksonville, FL 32257 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete HILF ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Deiete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. February 14, 2005 (904)733-9150

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.J. Steere

SIGNATURE

FILED

Daytime Phone #